**AMERICAN LEGION AUXILIARY**

**Department of Ohio, Inc.**

**(740) 452-8245**



**2019-2020 DONATION DESIGNATION FORM**

The following donations must be included on a separate check. Please specify the amount credited to each program.

***A copy of this form should be kept for your records. Below Indicate where you would like your donation acknowledgement sent.***

# *AMERICANISM*

# $ Americanism/Government Test Trip (Department)

 $ Spirit of Youth (National)

# *AUXILIARY EMERGENCY FUND*

 $ AEF – Financial Emergency Assistance for ALA Members

***BUCKEYE GIRLS STATE***

 $ Buckeye Girls State Donation (for general operations **NOT** the Endowment Fund Scholarships)

# *CHILDREN AND YOUTH*

 $ Children and Youth Fund (Department)

 $ The American Legion Child Welfare Foundation (National)

# *COMMUNITY SERVICE*

 $ Ohio Community Service Disaster Fund (Department)

# *DEPARTMENT HEADQUARTERS*

 $ Capital Improvement Fund (Department Headquarters Building)

 $ National Candidates Fund (Department)

# *DEPARTMENT PRESIDENT’S SPECIAL PROJECT*

$ President Will Decide Where Funds Need to be Disbursed Based on Financial Need

***EDUCATION***

 $ Scholarships (Department)

# *NATIONAL HEADQUARTERS*

 $ ALA Foundation

 $ National President’s Special Project - Veteran’s Health \*\*

# *NATIONAL SECURITY*

 $ U.S.O. \*\*

 $ Military Family Assistance Fund \*\* (Ohio Veterans Only)

# *PAST PRESIDENTS PARLEY*

 $ PPP Nurses Scholarship (Department)

 $ Support for Women Veterans (Department) *\*\**

# *VETERANS AFFAIRS AND REHABILITATION \*\* (Poppy Funds May be used for those items listed below)*

$ Chillicothe VA $ Cincinnati VA $ Cleveland VA

 $ Dayton VA $ Ohio Veterans Home

 VA Outpatient Clinics – $ Akron $ Columbus

 $ Toledo $ Parma

$ Fisher Houses – Ohio $ Veterans Creative Arts Festival (Nat’l.)

 $ Marie Moore Fund (Department-Donations for purchase of items for Veterans in VA Hospitals)

***\*\* Indicates programs where Poppy Funds may be used***

***Only VA Birthday Party contributions are to be sent directly to your District President***

**$ \_\_\_\_\_\_\_\_ *TOTAL AMOUNT ENCLOSED* *CHECK* # \_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

***Please enclose a separate check made payable to “***American Legion Auxiliary Dept. of Ohio***” and send to:***

## AMERICAN LEGION AUXILIARY, DEPARTMENT OF OHIO, PO BOX 2760, ZANESVILLE, OH 43702-2760

**Acknowledgement will be sent to the following:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_